

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

Date Received  
Official Use Only

*A Public Document*

Please type or print in ink.

|   |         |          |                          |
|---|---------|----------|--------------------------|
| NAME (LAST)                                   | (FIRST) | (MIDDLE) | DAYTIME TELEPHONE NUMBER |
| Maxwell-Jolly                                 | David   | G.       | ( 916 ) 440-7400         |
| MAILING ADDRESS<br>(May use business address) | STREET  | CITY     | STATE ZIP CODE           |
| OPTIONAL: FAX / E-MAIL ADDRESS                |         |          |                          |

**1. Office, Agency, or Court**

Name of Office, Agency, or Court:

Department of Health Care Services

Division, Board, District, if applicable:

Your Position:

Director

► If filing for multiple positions, list additional agency(ies)/  
position(s): (Attach a separate sheet if necessary.)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**

☒ State

☐ County of \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Multi-County \_\_\_\_\_

☐ Other \_\_\_\_\_

**3. Type of Statement (Check at least one box)**

☒ Assuming Office/Initial Date: 01 / 05 / 09

☐ Annual: The period covered is January 1, 2008,  
through December 31, 2008.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
December 31, 2008.

☐ Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2008, through the  
date of leaving office.

-or-

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through  
the date of leaving office.

☐ Candidate Election Year: \_\_\_\_\_

**4. Schedule Summary**

► Total number of pages  
including this cover page: 2

► Check applicable schedules or "No reportable  
interests."

I have disclosed interests on one or more of the  
attached schedules:

Schedule A-1 ☒ Yes – schedule attached  
*Investments (Less than 10% Ownership)*

Schedule A-2 ☐ Yes – schedule attached  
*Investments (10% or greater Ownership)*

Schedule B ☐ Yes – schedule attached  
*Real Property*

Schedule C ☐ Yes – schedule attached  
*Income, Loans, & Business Positions (Income Other than Gifts  
and Travel Payments)*

Schedule D ☐ Yes – schedule attached  
*Income – Gifts*

Schedule E ☐ Yes – schedule attached  
*Income – Gifts – Travel Payments*

-or-

☐ No reportable interests on any schedule

**5. Verification**

I have used all reasonable diligence in preparing this  
statement. I have reviewed this statement and to the best  
of my knowledge the information contained herein and in any  
attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State  
of California that the foregoing is true and correct.

Date Signed 01/06/09  
(month, day, year)

Signature \_\_\_\_\_  
(File the originally signed statement with your local official.)

**SCHEDULE A-1****Investments****Stocks, Bonds, and Other Interests**

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name \_\_\_\_\_

## ▶ NAME OF BUSINESS ENTITY

Riverbed Technology

## GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Network Appliances

## FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000      ☒ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

## NATURE OF INVESTMENT

☒ Stock☐ Other \_\_\_\_\_  
(Describe)

## IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
ACQUIRED      DISPOSED

## ▶ NAME OF BUSINESS ENTITY

## GENERAL DESCRIPTION OF BUSINESS ACTIVITY

## FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000      ☐ \$10,001 - \$100,000  
☐ \$100,001 - \$1,000,000      ☐ Over \$1,000,000

## NATURE OF INVESTMENT

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(Describe)

## IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
ACQUIRED      DISPOSED

## ▶ NAME OF BUSINESS ENTITY

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## FAIR MARKET VALUE

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(Describe)

## IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
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(Describe)

## IF APPLICABLE, LIST DATE:

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## NATURE OF INVESTMENT

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(Describe)

## IF APPLICABLE, LIST DATE:

\_\_\_\_/\_\_\_\_/08      \_\_\_\_/\_\_\_\_/08  
ACQUIRED      DISPOSED

Comments: \_\_\_\_\_